

*Alabama Department of Mental Health*



*Incident Management Plan*

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**Part A**

**MHSA DIVISION Facilities Incident Management Plan**

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# **State of Alabama Department of Mental Health**

## ***Incident Management Plan***

### **Introduction**

This Plan presents the criteria components required to ensure a cohesive and systematic application of the Alabama Department of Mental Health (ADMH) Incident Management Plan by all ADMH inpatient, Certified Mental Health and Substance Abuse (MHSA) providers, and Certified Division of Developmental Disabilities (DDD) providers.

### **Purpose**

The Alabama Department of Mental Health (ADMH) assumes the responsibility of fostering a culture of safety that minimizes risks that affect individuals served within its facilities, by certified MHSA DIVISION Providers, and by certified DDD providers. The plan is designed to support the provision of a safe, wholesome, and hazard-free environment that would enhance the quality of life of individuals served in ADMH facilities and by certified Community Providers. Timely, accurate reporting and appropriate response to undesired incidents contributes to ADMH's ability to ensure safety across the continuum of care. Employees are encouraged to accept personal responsibility for providing quality recipient care, treatment and services, and openly discussing safety issues and process improvements.

This plan describes the responsibilities of the ADMH, its facilities, MHSA Community Providers, and DDD Providers in managing incidents by the identification, analysis, and reduction of risks which occur in the course of providing mental health and support services. This process allows for evaluating aggregate data/processes and reviewing critical aspects of care as they relate to quality improvement.

Incident Management includes at least the following elements: **prevention**, **identification**, **classification**, **proper reporting and investigation**, and **implementing effective actions** in order to protect recipients (persons served) from harm.

### **Philosophy**

#### **ADMH is committed to the following:**

- Recipients are entitled to appropriate services in a caring and hospitable environment that is free from harm.
- Facilities, MHSA DIVISION Community Providers, and DDD Community

Providers must eliminate, wherever possible, the occurrence of incidents (i.e., episodes of harm or potential harm).

- The fewer the number of incidents, particularly serious incidents, the more caring and hospitable the environment will be under which recipients will live, work, and learn.
- Incident Management is one component of the Department's larger Performance Improvement Program in which the emphasis is on improvement of systems and processes.
- Incident investigations shall be conducted primarily by trained clinical investigators to attain optimum care and treatment of the recipient. Investigations conducted for criminal purpose by BSI or other police entities shall be conducted parallel to and not to the exclusion of the clinical investigation. The clinical and criminal investigators shall work cooperatively.

### Application

This Plan applies to all recipients served by the Alabama Department of Mental Health Substance Abuse Services inpatient and residential facilities, Mental Health Substance Abuse DIVISION Certified Community Providers, and Division of Developmental Disabilities (DDD) Certified Community Providers, and to all their employees. This Plan is divided into subsections: MHSA Division Facilities, MHSA Division Certified Community Providers, and DDD Certified Community Providers.

### Authority

*The Incident Management Plan is promulgated under the following statutes and regulations:*

#### **A. Facilities**

*\*\*Ala. Code 22-50-1 et. seq.*

*\*\*Ala. Code 22-21-8*

*\*\*Ala. Code 22-56-1 et. seq.*

*\*\*Ala. Code 22-52-90 and 92*

#### **B. MHSA DIVISION Certified Community Providers**

a. *Alabama Department of Mental Health Administrative Code, Mental Illness Community Programs, Chapter 580-2-9*

b. *Alabama Department of Mental Health Substance Abuse Services Administrative Code, Chapter 580-9-44*

#### **C. Certified Community Providers Incident Management Plan Division of Developmental Disabilities Services**

*Alabama Department of Mental Health Administrative Code, Division of Developmental Disabilities, Chapter 580-5-33 Alabama Medicaid HCBS Waivers, Living at Home (LAH) and*

*Developmental Disabilities (DD)*

**Confidentiality/Privilege**

All information including records, data and conclusions collected in accordance with this plan shall be confidential and privileged quality assurance and performance improvement information and are to be maintained in a manner consistent with that status. These records, data and conclusions are accorded such protection by Alabama law. Therefore, such documents are not considered public records.

## **I. MHSa DIVISION Facilities Scope of Plan**

*At a minimum, the following types of incidents are addressed by this Incident Management Plan:*

- A. Abuse
  - 1. Physical
  - 2. Sexual
  - 3. Verbal
- B. Accidents-Falls
- C. Accidents-All others
- D. Adverse drug reaction
- E. Alleged theft by a patient
- F. Alleged theft of recipient property
- G. Assaults
  - 1. Patient to Patient
  - 2. Patient to Staff
  - 3. Patient to Visitor
- H. Choking on foods or objects
- I. Contraband – drugs, weapons, tobacco, other restricted items
- J. Death
  - 1. Expected
  - 2. Unexpected
- K. Disasters
  - 1. Acts of terrorism/bioterrorism
  - 2. Natural
  - 3. Other disasters
- L. Elopement
- M. Exploitation
- N. Fight between patients
- O. Fire
- P. Injury – unknown cause
- Q. Insect/animal bite
- R. Insect/animal infestation
- S. Loss of power/utility
- T. Major building damage
- U. Medication Error – without variance to patient’s medication regime (i.e., ‘near misses’)
- V. Medication Error – with variance to patient’s medication regime
  - 1. Level (1)
  - 2. Level (2)
  - 3. Level (3)
- W. Mistreatment
- X. Neglect

- Y. Property damage by a patient
- Z. Riot and/or incitement among patients
- AA. Seizure/other medical emergencies (i.e., codes)
- BB. Self-inflicted injury
- CC. Sexual Contact
  - 1. Consensual
  - 2. Nonconsensual
- DD. Suicide Attempt
- EE. Sunburn requiring medical attention
- FF. Swallowed harmful inedible matter
- GG. Use of Seclusion/mechanical restraint/manual holds with or without injury

## **II. INCIDENT CLASSIFICATIONS**

### **A. CLASS 1 Incidents:**

1. Incidents that require minimal/routine and/or preventive action/response. The incident must be documented on a DMH Incident Report Form (Attachment A).
  - (a) Medication errors without variance to the patient (i.e., near misses)
  - (b) Contraband - patients (non-weapons)
  - (c) Insect bite/sting (requiring first aid only)
  - (d) Fires on facility grounds without injury, evacuation, and/or structural damage to building
  - (e) NRI Level 1 and 2 injuries resulting from accidents, self-inflicted injuries, and/or patient to patient assaults or fights
  - (f) NRI Level 3 injuries resulting from accidents, self-inflicted injuries
  - (g) Loss of power/utility with no significant interruption in the provision of services or the basic needs of patients
  - (h) Damage to facility grounds or building that does not involve injury to patients/staff members or the evacuation/movement of patients or staff members
2. Employee Responsibilities for CLASS 1 Incidents:
  - (a) Staff discovering incident or who have knowledge of incident:
    - Immediately ensure necessary first aid is provided and medical/emergency services are contacted if additional assistance is needed.
    - Make an immediate report of the incident to his/her supervisor.
    - Complete a DMH Incident Report form immediately.
    - Give the completed Incident Report Form to his/her supervisor immediately.
  - (b) Supervisor Responsibilities
    - Immediately ensure necessary first aid is provided and medical/ emergency

services are contacted as necessary.

- Review CLASS 1 Incident Report Forms for completeness and route Incident reports to the facility's Incident Management Coordinator (or designee) by the end of the shift.

**B. CLASS 2 Incidents:**

Incidents that require facility investigation and/or other expanded non-routine response. The incident must be documented on a DMH Incident Report Form. **CLASS 2** Incidents require the facility to report the incident to the Director of MI Facilities and the Associate Commissioner's Office for the MHSA DIVISION in accordance with the reporting procedures. **CLASS 2** Incidents shall be addressed through one of the following methods as specified below:

**1. CLASS 2 Incidents requiring a facility investigation review include the following:**

- (a) **ALL** allegations of physical abuse, verbal abuse, exploitation, mistreatment or neglect
- (b) Any serious (NRI Level 3 or above) injury of unknown undetermined cause
- (c) Any suspicious injury
  - **CLASS 2** Incidents requiring a facility investigation as identified above should:
    - Notify the Director of MI Facilities of the incident
    - Notify the Associate Commissioner's Office for the MHSA DIVISION of the incident
    - Case number obtained from BSI
    - Upon completion of the investigation/review, findings (including final disposition) should be reported to BSI, the Director of MI Facilities, and the Associate Commissioner's Office for the MHSA DIVISION.

The Facility Director may review the facts associated with an allegation of abuse and determine that the facts presented clearly indicate that the allegation is false and that a formal investigation is not warranted. When this occurs, the Director should forward an Incident Notification to the Associate Commissioner's Office for the MHSA DIVISION, Director of MI Facilities, BSI, ADMH Medical Director and Office of PI summarizing the allegation and findings. The notification will be maintained with the initial incident report.

**2. CLASS 2 Incidents requiring review through the facility's formal internal clinical/medical/PI review procedures (i.e., peer review, treatment team review, etc.) include the following:**

- (a) Suicide attempts
- (b) Medication errors resulting in variance to the patient's medication regime (NRI Level 1, 2 or 3)
- (c) Expected deaths
- (d) Unexpected deaths category B (see definition Section IV, B.14.)
- (e) Adverse drug reactions

- (f) Alleged or suspected consensual sexual contact
- (g) An injury such as a fracture, concussion or wound requiring multiple layer closures (sutures) shall be coded a Level 3 injury unless hospitalization is required thus making the injury a Level 4
- (h) All patient to patient assaults or fights resulting in a NRI Level 3 injury

3. **CLASS 2** Incidents requiring activation/utilization of the facility's environment of care/emergency/disaster plans include the following:

- (a) Animal bite
- (b) Patient adverse reaction to insect bite/sting that requires more than first aid
- (c) Insect/animal infestation
- (d) Any incident that requires evacuation
- (e) A fire on facility grounds in which patients are injured
- (f) Natural or man-made disaster in which patients are injured (i.e., chemical spills, tornadoes, etc.)
- (g) Damage to facility grounds or buildings in which patients are injured
- (h) Loss of power or an essential utility that results in (or likely will result in) interruption of the provision of services or the basic needs of patients

4. Employee Responsibilities for CLASS 2 Incidents

- (a) Staff discovering incident or who have knowledge of incident:
  - Immediately ensure any necessary first aid is provided and medical/emergency services are contacted if additional assistance is needed.
  - Make an immediate verbal report of the incident to his/her supervisor.
  - Complete a DMH Incident Report Form immediately after reporting the **CLASS 2** Incident to his/her supervisor.
  - Immediately turn in the completed Incident Report Form to his/her supervisor.
- (b) Supervisor Responsibilities:
  - Immediately go to the scene of the incident and ensure that any necessary first aid is provided and medical/emergency services are contacted if additional assistance is needed.
  - Secure the scene in an appropriate manner as applicable.
  - Immediately review Incident Report Forms for all **CLASS 2** Incidents for completeness and assist the employee who reported the incident as necessary in completing the Incident Report Form.
  - Verbally report the **CLASS 2** Incident to Facility Director or designee within one (1) hour of receipt of the report.
  - Follow any instructions from the Facility Director (or designee) (and/or investigator if applicable) regarding preservation of the scene/instructions for witnesses and/or the collection of other evidence.
  - Route Incident Reports on **CLASS 2** Incidents to the facility Incident

Management Coordinator (or designee) by the end of the shift.

- (c) Facility Director (or Designee) Responsibilities
- Immediately, upon notification, assess with the supervisor to ensure that any necessary first aid was provided and medical/emergency services were contacted if additional assistance was/is needed.
  - Verbally notify the Director of MI Facilities and the Associate Commissioner's Office for the MHSA DIVISION immediately after being notified of the following CLASS 2 Incidents; and email the Incident Notification Form (*see Appendix D*) to the Director of MI Facilities and the Associate Commissioner's Office for the MHSA DIVISION within twenty-four (24) hours of the incident's discovery and/or report:
  - Any abuse/neglect allegation in which mandatory leave of a staff member(s) is deemed necessary
  - Any accident/assault/self-inflicted/unknown cause injury that results in the patient being hospitalized for medical care (Level 4 NRI)
  - Category B unexpected deaths
  - All **CLASS 2** Incidents listed in Section II, B.3 as requiring activation/utilization of the facility's environment of care/emergency/disaster plans
  - Any suspicious injury
  - Ensure that all other **CLASS 2** Incidents are reported to the Associate Commissioner's Office for the MHSA DIVISION via quarterly PI reporting mechanisms established by the Division Level PI Offices.
  - Notify the Facility Advocate within twenty-four (24) hours of discovery of any **CLASS 2** Incidents or contact DMH's Advocacy Office at 1-800-367- 0955.
  - Notify BSI at any point the Investigation findings rise to the Level of a **CLASS 3** Incident

### C. **CLASS 3 INCIDENTS**

Incidents that require notification, review, and/or an investigation with the involvement of BSI. The incident must be documented on a DMH Incident Report Form. **CLASS 3** Incidents require immediate notification to the Associate Commissioner's Office for the MHSA DIVISION **AND** to the Bureau of Special Investigations (BSI) in accordance with the reporting procedures as outlined below.

#### 1. **CLASS 3** Incidents include the following:

- (a) All unexpected deaths category A
- (b) The death (including suicide) of a patient where there is reason to believe that the death was not from natural causes
- (c) Any assault or other incident of alleged or suspected physical abuse or neglect that results in a NRI Level 3 or 4 injury (\*\*An injury resulting in a fracture, concussion or wound requiring multiple layer closures (sutures) shall be coded a Level 3 injury unless hospitalization is required thus making the injury a Level 4 injury, or is serious enough to constitute a life threatening medical condition, or results in a major permanent loss of limb or function

- (d) Alleged or suspected non-consensual sexual contact between patients\*\*
- (e) Any allegation or suspicion of sexual abuse\*\*
- (f) Any allegation or suspicion of sexual contact of a patient by a "non-patient" such as a visitor\*\*
- (g) Any hostage situation
- (h) Any incident involving a recipient's use or presence of an unauthorized firearm or possession/use of an unauthorized object or instrument, such as a knife, when used as a weapon
- (i) Any incident/event involving ADMH facility patients or other persons on grounds where criminal activity is suspected or alleged
- (j) Acts or suspected acts of terrorism/bioterrorism
- (k) All elopements\*\*\*

*\*\*Sexual contact protocol for alleged/suspected non-consensual sexual contact or sexual abuse allegation shall be followed as outlined in Appendix C.*

*\*\*\*See Appendix H: Immediately notify BSI when the recipient has been accounted for and/or returned to the facility.*

## **2. Employee Responsibilities for CLASS 3 Incidents**

### **(a) Employee**

- Immediately ensure any necessary first aid is provided and medical/ emergency services are contacted if additional assistance is needed.
- Make an immediate verbal report of the incident to his/her supervisor.
- Complete a DMH Incident Report Form immediately after reporting a **CLASS 3** Incident to his/her supervisor.
- Immediately turn in the completed Incident Report form to his/her supervisor

### **(b) Supervisor**

- Immediately go to the scene of the incident and ensure that any necessary first aid is provided and medical/emergency services are contacted if additional assistance is needed.
- Secure the scene in an appropriate manner.
- Make an immediate verbal report on the **CLASS 3** Incident to the Facility Director (or designee).
- Follow any instructions from the investigator/Facility Director (or designee) regarding preservation of the scene and/or the collection of other evidence.
- Keep potential witnesses at the scene and separated where possible if the investigator is immediately on his/her way to the site.
- Secure relevant documentary evidence.
- Assist the investigator upon his/her instruction in ways which will facilitate the investigation.
- Immediately review Incident Report Forms for all **CLASS 3** Incidents for completeness and assist the employee who reported the incident as necessary in

completing the Incident Report Form.

- Route incident reports on **CLASS 3** Incidents to the facility Incident Management Coordinator (or designee) within two (2) hours.

**(c) Facility Director (or Designee)**

- Immediately assess, with the supervisor that any necessary first aid was provided and medical/emergency services were contacted if additional assistance was/is needed.
- Immediately the Director of MI Facilities and the Associate Commissioner's Office for the MHSA DIVISION verbally after being notified of a **CLASS 3** Incident.
- Immediately notify BSI verbally after receiving report of the **CLASS 3** Incident.
- Within twenty-four (24) hours after receiving report of the **CLASS 3** Incident, notify the Facility Advocate or contact the DMH'S Advocacy Department at 1-800-367-0955.
- Within twenty-four (24) hours of the discovery of the **CLASS 3** Incident, email Incident Notification Form to the Associate Commissioner's Office for the MHSA DIVISION.

**(d) Bureau of Special Investigation (BSI)**

- Upon notification of **CLASS 3** Incidents by the Facility Director (or designee), determine whether BSI shall investigate and/or co-investigate the incident with the facility and/or other jurisdictions.

**(e) Associate Commissioner (or Designee) for MHSA DIVISION**

- Immediately upon notification of a **CLASS 3** Incident by the Facility Director (or designee), informs the Commissioner of the incident and the status of the investigation including whether BSI is investigating or co-investigating the incident.
- Immediately notify the Commissioner of elopement incidents that are investigated or co-investigated by BSI.

**III. GENERAL EMPLOYEE RESPONSIBILITIES**

**A. Responsibility to Report Incidents:** Any staff member failing to report incident(s), or failing to report incidents within designated time frames, may be considered in violation of departmental policy and subject to appropriate disciplinary action.

**B. Responsibility to Cooperate:** Staff is expected to fully cooperate in any internal or external investigation of an incident. Staff is to provide any information pertinent to the incident and any recommendation they may have which may assist in the prevention of future incidents. Failure to cooperate with the investigation process may be considered in violation of

department policy and subject to appropriate disciplinary action. In the event of scheduling conflicts, staff members may be required to report to the facility in order to complete an investigation in a timely manner. In criminal investigations, as per BSI Investigation protocols, the BSI Agent shall advise the employee that he/she is not required to waive their rights and privileges against self-incrimination given under the Fifth and Fourteenth Amendments of the U.S. Constitution when applicable under law

- a. **Prohibition Against Retaliatory Actions:** Any form of retaliatory action made toward either a patient or staff member/agent who reports incidents, or provides information regarding such incidents in good faith, are strictly prohibited. All forms of retaliatory action against an investigator, either during the course of conducting an investigation or afterwards, are strictly prohibited. Employees found involved in retaliatory actions to any degree are subject to disciplinary action up to and including dismissal from employment.

Any action intended to inflict emotional or physical harm or inconvenience on an employee or patient that is taken because he or she reported abuse or neglect is prohibited. This includes, but is not limited to, harassment, disciplinary measures, discrimination, reprimand, threat, or criticism.

#### IV. **EXTERNAL REPORTING REQUIREMENTS**

- A. Each facility is responsible for properly reporting incidents to the appropriate persons and authorities as soon as the facility has obtained initial information regarding the incident itself and the health status of the patient.
  1. **Parents and Guardians:** Facilities are required to notify parents and/or guardians of the patient regarding a **CLASS 2 or CLASS 3** Incident within twelve (12) hours of discovery, as allowed by law and where the patient has given such consent.
- B. **Department of Human Resources (DHR):**
  1. **Adults**
    - a. Pursuant to the Alabama Adult Protective Services Act (Ala. Code, Section 38-9-1, *et seq.*) a report must be made to the local DHR when there is reasonable cause to believe that an adult patient has been subjected to physical abuse, neglect, exploitation, sexual abuse or emotional abuse.
    - b. The Facility Director (or designee) will notify the DHR County Director (or designee) immediately by telephone followed by a written report (Appendix E) of final outcome of investigation.
    - c. A copy of this report shall be sent to the Associate Commissioner's Office for the MHSA DIVISION via email at the same time it is transmitted to DHR.

- d. Ala. Code, Section 38-9-8(c) states that DHR is not required to investigate reports of abuse or neglect occurring in DMH facilities, but that does not alter reporting requirements for DMH.

2. **Children (Recipients Under the Age of 18)**

- a. Pursuant to the Alabama statute relating to the reporting of child abuse or neglect (Ala. Code, Section 26-14-1, *et seq.*) a report must be made to the local DHR when child abuse is known or suspected.
- b. The Facility Director (or designee) will notify the DHR County Director (or designee) immediately by telephone followed by a written report (Appendix E) of final outcome of investigation.
- c. A copy of this report shall be sent to the Associate Commissioner's Office for the MHSA DIVISION via email at the same time that it is transmitted to DHR.

C. **Law Enforcement Agencies:**

1. Outside law enforcement agencies shall be notified when required and necessary. BSI shall establish protocols with outside law enforcement agencies, including district attorneys, in the jurisdictions where departmental facilities are located, concerning which incidents require joint investigations, other agency involvement or notification. The senior special agent or designee shall notify these other jurisdictions within twenty-four (24) hours after evaluation of the incident determines reason to believe that the incident is reportable to outside law enforcement agencies or as required by state or federal statutes. The prosecuting authority in the concerned jurisdiction will be notified by BSI if and when an investigation reveals evidence to establish probable cause that a prosecutable criminal act has been committed.

D. **CMS:**

1. CMS certified units in the hospital must report to CMS any death that occurs while a patient is restrained or in seclusion, or where it is reasonable to assume that a patient's death is a result of restraint or seclusion. The Facility Director (or designee) shall make the report after consultation with the Associate Commissioner's Office for the MHSA DIVISION.

E. **The Joint Commission (TJC):**

1. Incidents that meet TJC definition of sentinel event that occur in inpatient facilities shall be reported to the TJC in accordance with TJC published reporting procedures. The Facility Director (or designee) shall make the report after consultation with the Associate Commissioner's Office for the MHSA DIVISION.

**V. INVESTIGATION OF CLASS 2 AND CLASS 3 INCIDENTS**

A. Responsibilities of the Facility Director or Designee:

1. Ensure that any person(s) involved in an incident are provided appropriate care and medical treatment and/or that measures are taken to ensure the safety of the patient.
2. Immediately review the incident. If it is an abuse or neglect allegation, determine whether the employee accused shall be reassigned to remove them from direct patient care or suspended pending the completion of the investigation.
3. Order an investigation for **CLASS 2** Incidents that require an investigation and for all **CLASS 3** Incidents immediately upon receiving notice of the incident. In assigning investigations, the following should be considered:
  - (a) Investigations shall be assigned only to those persons who have received appropriate training in conducting investigations.
  - (b) The investigation of any incident shall be assigned, whenever possible, to someone who has no direct administrative or clinical responsibilities, personal associations, or any other potential biases in the organizational unit where the incident occurred.
  - (c) To ensure that the trained investigators get sufficient opportunity to practice their skills, assignments shall be made on a rotating basis whenever possible.
4. Decisions regarding assignments of criminal investigators for **CLASS 3** Incidents shall be coordinated with BSI.
5. Ensure that proper incident notifications are made to the Director of MI Facilities, the Associate Commissioner's Office, Internal Advocacy, BSI, CMS, DHR, etc. according to the reporting requirements established in this Plan.
6. Each Facility Director shall assign an individual(s) to supervise the investigative function. This function shall include assigning investigations, serving on the facility monthly incident review body, providing technical assistance to investigators, identifying persons to receive investigation training, monitoring the follow-up to any recommendations, and coordinating internal facility peer reviews on investigations.
7. Review and take appropriate actions regarding the recommendations from the Investigation Review Panel. In substantiated abuse/neglect cases, ensure that appropriate disciplinary actions are taken in accordance with ADMH Policy regarding "minimum disciplinary actions" required when abuse/neglect is substantiated. When an allegation of abuse or neglect is substantiated, the Facility Director shall request to review a statement of staff background (outlining involvement in previous abuse/neglect allegations) as part of his/her determination of the appropriate level of disciplinary action.
8. Ensure that a process is in place to ensure compliance with the following investigatory process timeframes:
  - (a) MI Facilities:

- **CLASS 2** incidents that require investigation shall be investigated within five (5) working days (Monday-Friday, excluding state and federal holidays) after the incident is reported/discovered.
- When abuse/neglect investigations are the result of a grievance and have not been completed within seven (7) days, the facility shall inform the patient or the patient's representative that the facility is still working to resolve the grievance and will follow-up with a written response within a stated number of days. Documentation will be maintained with the investigative file.
- Investigative Panel Review and subsequent recommendations are to be completed within ten (10) working days (Monday-Friday, excluding state and federal holidays) after the incident is reported/discovered.
- Facility Director reviews recommendations and closes case by signing the Investigation Disposition Page within fifteen (15) working days (Monday - Friday excluding state and federal holidays) after the incident is reported/discovered.
- A summary of the investigation should be submitted to the Associate Commissioner's Office for the MHSa DIVISION.

**B. Responsibilities of the Facility Supervisors:**

Supervisor for the area where the incident occurred shall take the following actions where appropriate:

1. Ensure that any appropriate first responder medical care/attention has been provided to any individuals as applicable.
2. Secure the scene in an appropriate manner.
3. Follow any instructions from the investigator regarding preservation of the scene and/or the collection of other evidence.
4. Keep potential witnesses at the scene and separated where possible if the investigator is immediately on his/her way to the site.
5. Secure relevant documentary evidence.
6. Assist the investigator upon his/her instruction in ways which will facilitate the investigation.

**C. Responsibilities and Authority of the Facility Investigator:**

In order to competently carry out his/her duties, the investigator has the following responsibilities and authority;

1. When an investigator is assigned to a case, all other responsibilities are considered secondary to a timely and thorough investigation. If the investigator has other responsibilities involving recipient care and treatment, these responsibilities will be

assigned to other qualified staff members in a manner such that patient care is not interrupted.

2. The investigator shall have direct access to all staff members and patients for the purpose of conducting investigations.
3. The investigator shall have the authority to conduct interviews at times and locations deemed necessary.
4. The investigator shall have the authority to require staff to complete a written statement.
5. The investigator shall have the authority to instruct employees to remain beyond their assigned shift or to return to work if needed to complete the investigation in a timely manner.
6. The investigator shall have access to all relevant documentary evidence concerning the allegation, including access to the records of recipients.
7. During the period of the investigation, the investigator shall be accountable to the Facility Director versus his/her immediate supervisor.
8. The investigator shall complete the investigative report (a) for MI facilities: within five (5) working days. (Monday- Friday, excluding state and federal holidays).
9. The investigator shall present his/her case facts/findings and conclusions to the Investigative Review Panel.

D. Conducting the Investigation:

The investigator shall perform the following investigative activities:

1. Start the investigation process immediately upon assignment by initiating appropriate actions or giving instructions to the program/unit supervisor (or designee) for preservation of the incident scene and other physical evidence where applicable.
2. Initiate the collection of testimonial evidence within two (2) hours of assignment.
3. Visit the site and assess with the supervisor whether medical care has been provided if needed and that other proper measures have been taken to ensure the safety of the alleged victim.
4. Obtain from the program/unit supervisor any applicable physical and documentary evidence or collect it after arriving at the scene if it has not already been collected.
5. Collect all necessary demonstrative evidence including photographs of the scene or the victim where appropriate, diagrams of the scene, etc. Photographs should be taken of all

visible injuries or where it is needed to document that no injury is present. If law enforcement (internal or external) is immediately expected, then secure the scene to ensure nothing is disturbed so they can collect the evidence.

6. Conduct interviews with all potential witnesses after which a written statement will be obtained.
7. Complete the investigative report within the timeframes specified above.
8. Ensure that the investigative report contains the required components as illustrated in Appendix F.
9. Ensure the completeness of the investigative file according to the required contents as listed in Appendix G.

E. The Final Investigative Report:

1. The final investigative report shall be completed within the timeframes specified above.
2. The final investigative report shall include the following sections:
  - (a) A description of the manner in which the investigator became involved in the case, including a description of the initial report.
  - (b) A description of the investigative procedure.
  - (c) A summary of the evidence.
  - (d) Conclusions about what occurred:
    - After all relevant evidence has been collected, the investigator must evaluate it to determine whether there is sufficient evidence to confirm the causes of the allegation or other incident.
    - This analysis must be thoroughly documented in the investigative report in an objective manner and based on the relevant evidence.
    - The standard of proof to be used is "preponderance of the evidence" which is the greatest portion of credible evidence.
    - Based on the available evidence, the investigator may choose to believe one witness over another.
3. The investigator shall use the standard investigative report format (*see Appendix F*).

F. Investigative Review Panel:

Each facility shall establish an Investigative Review Panel with the membership appointed by the Facility Director. The Investigation Review Panel shall review investigations of **CLASS 2** Incidents that require an investigation and all **CLASS 3** Incidents to ensure that each is complete and comprehensive.

1. Responsibilities of the Investigation Review Panel Participants:

- (a) Meet on at least a weekly basis on a predetermined day and time (if needed) to review investigations.
- (b) Listen to (or review) the presentation of the findings and conclusions of the investigator.
- (c) Review the investigation for completeness in the standard format.
- (d) Review the investigation for timely completion.
- (e) Review the investigation for thoroughness (i.e., ensure all appropriate issues have been addressed).
- (f) Review the facts of the investigation to determine if the findings and the conclusions of the investigator are supported.
- (g) When the panel does not concur with the conclusions of the investigator, the panel's rationale for arriving at a different conclusion should be documented.
- (h) Based on the conclusions of the investigator and/or of the panel, make recommendations to the Facility Director regarding the findings of the investigation and recommendations appropriate to that finding.
- (i) Document the activities of each investigative review panel.
- (j) Route the investigative report and supporting evidentiary documents to the Facility Director for end determination.
- (k) Maintain confidentiality of all proceedings and committee discussions.
- (l) Composition of Investigation Review Panel:
  - The Investigation Review Panel shall be attended by the Facility Advocate, clinical representative, administrative representative, facility incident management coordinator, ADAP representative (as applicable) and other administrative and clinical staff members as designated by the Facility Director.

G. Maintenance of Investigative Files:

1. When the Facility Director signs the Investigation Disposition Form, the investigation is considered to be completed.
2. Investigative files shall contain the items as outlined in Appendix G.
3. Facilities shall develop procedures for the maintenance of investigative files including a chronological log of all investigations, an identification number for each incident (facility number and BSI number when applicable) and the identification of the staff member responsible for maintenance of the files. Files should be maintained in a secure facility location in accordance with the ADMH's Records Retention Policy.
4. The investigative reports and documents contained in the investigative file are privileged. Information contained in the file may only be disclosed to those staff members with responsibilities for taking disciplinary action or responding to recommendations that require knowledge of its contents.

5. A copy of the investigation activities and or files with a summary of the investigation shall be sent to the Associate Commissioner's office within the time limit specified by the Associate Commissioner.

## **VI. INCIDENT MANAGEMENT REVIEW PROCESS**

Each facility shall have sufficient staff assigned to the incident management review process to ensure effective management, oversight, communication, and accountability for incident management. Staff members involved in the process shall meet as often as necessary to carry out the responsibilities of the review.

### **A. Daily Review of Incidents:**

Each facility shall have an ongoing mechanism to review incidents and to address incident management. This mechanism shall include a meeting at least every working day (Monday- Friday, excluding state and federal holidays) to review incidents as described below:

#### **1. Responsibilities of the Daily Incident Review Meeting Participants:**

- (a) Discuss all incidents that have occurred in the facility since the previous meeting
- (b) Identify if all immediate actions have been taken as appropriate in response to an incident
- (c) Discuss how the incident and/or injury occurred and whether or not it could have been prevented
- (d) Discuss future action to prevent/reduce future incidents
- (e) Identify any additional information needed to determine the cause or circumstances of the incident, with a plan to collect the information
- (f) Help manager determine possible causes of incidents, and provide advice and resources which would assist direct care staff members in preventing such harm in the future
- (g) Submit recommendations for resolution of identified problems to staff assigned these responsibilities.

#### **2. Composition of Daily Incident Review Meeting:**

- (a) The Daily Incident review meeting is attended by the Facility Director.
- (b) The Daily Incident review meeting is chaired by the Risk Manager.
- (c) The Facility Director or designee, all Unit/Program Directors, the Nursing Director, and the Director of PI shall attend the daily meeting. Other clinical/administrative staff members shall attend as designated by the Facility Director.
- (d) The facility advocate may attend these meetings at his/her discretion.

B. Monthly Incident Management Review Process:

Each facility shall have a mechanism in place to perform a periodic aggregate review of all Class 1, Class 2, and Class 3 incidents. The incident management review is designed to allow for the identification of trends and patterns in incident data over time.

This aggregate review shall occur at least monthly and shall be performed through a committee structure. Existing committee structures may be utilized to accomplish the following functions:

1. Responsibilities of the Monthly Review Process:

- (a) Review summaries of total number of incidents, types of incidents, total number of injuries, type and severity of injuries, location and shifts/times where incidents and injuries occurred, and analyses as identified by the facility Incident Management Coordinator and/or by the Facility Director.
- (b) Identify any apparent trends or patterns that could facilitate protection from harm or prevention of incidents.
- (c) Whenever trends and patterns are identified, develop preventative actions to reduce the number of incidents and/or to improve the safety and wellbeing of the patients.
- (d) Monitor the implementation and measure the effectiveness of preventative actions as appropriate.

C. Responsibilities of the Facility Risk Manager:

Each Facility Director shall assign an individual(s) the responsibility to coordinate the incident management process. These responsibilities shall include:

1. Ensure full implementation of the facility's Incident Management Plan.
2. Provide technical assistance to staff members in the completion of the Incident Report Form.
3. Review all Incident Report Forms to ensure their completeness.
4. Chair the Daily Incident Review meeting and present/report incident occurrences.
5. Provide trend reports and analysis of incident data to the Monthly Incident Review Body and to the Facility Director.
6. Coordinate monthly assessment of all incidents to determine whether incident reporting procedures were followed.
7. Maintain the facility incident management database.

**VII. ADMINISTRATION OF THE INCIDENT MANAGEMENT PLAN**

- A. The Associate Commissioner's Office shall have the responsibility for the administration of the Incident Management Plan at facilities.
- B. The Quality Improvement and Risk Management Office shall be responsible for monitoring the implementation and coordination of the ADMH Incident Management Plan.
- C. Each Facility Director shall assign an individual(s) the responsibilities to coordinate the incident management process at the facility level. This individual(s) will administer the Plan locally and serve as the facility point-of-contact.
- D. The Facility Directors will report annually to Governing Body a summary of investigations conducted during the fiscal year. The report should include analysis of trends, how data may have been used in improving performance, planning and decision- making where appropriate.
- E. The Governing Body shall be responsible for requesting reviews, revisions/updates to the Plan as appropriate.

**VIII. STAFF TRAINING IN THE IDENTIFICATION, REPORTING AND INVESTIGATION OF INCIDENTS**

- A. Each facility shall initiate and maintain an orientation and training program to inform all employees, agents, patients (including their parents, next of kin, and guardians where appropriate) about the contents of the Plan in a manner and format that is understandable. All employees and agents will be trained on the Plan during initial orientation (prior to working with recipients) and annually thereafter.
- B. The content of initial training shall include an explanation of this Plan. All employees shall receive the following information:
  - 1. A complete, detailed explanation of the definition of each abuse and neglect category.
  - 2. A thorough explanation of the reporting requirements.
  - 3. Instructions and examples to illustrate the reporting procedures as outlined in this Plan.
  - 4. Instructions and examples to illustrate the proper completion of the ADMH Incident Report Form.
  - 5. Be advised that abuse and/or neglect of a patient is prohibited.

6. Be advised of the requirements for reporting any suspected abuse and/or neglect of a recipient.
  7. Be advised of the potential consequences if they become involved in the abuse and/or neglect of any patient.
  8. Be apprised of the consequences for failure to report and for any retaliatory action against others for reporting.
  9. Be advised of his/her responsibility to cooperate in investigations.
- C. The content of the annual updates shall include:
1. Explanation of the definition of each abuse and neglect category.
  2. Reporting requirements
  3. Instruction and examples of the proper completion of the ADMH Incident Report Form.
  4. Any problematic areas noted by the facility in the past fiscal year.
- D. All patients in ADMH inpatient facilities, and their families, next of kin, and/or guardians, will receive information regarding the Plan upon admission (and periodically thereafter) in a manner and format that is understandable.
- E. A facility record shall be kept for each employee receiving orientation, annual training, in-service training or any other training as required by this Plan.

## **GENERAL DEFINITIONS**

1. **Employee**: Any individual employed by the Alabama Department of Mental Health either in a permanent employee status, temporary employee status, probationary employee status and/or in a contract status.
2. **Director of Quality Improvement and Risk Management**: The persons responsible in the MHSA Division to provide oversight and coordination of the Alabama Department of Mental Health's Incident Management Policy as a component of the Division's overall Performance Improvement Program.
3. **Facility Level Director of Performance Improvement**: The person responsible within the MI Facilities to provide oversight and coordination of the Facility's overall Performance Improvement Program.
4. **Facility Level Risk Manager**: The staff member(s) assigned by the Facility Director who is responsible for implementing the Incident Management Review Process at the facility level. The Facility Level Risk Manager shall function as a part of the Facility Performance Improvement and shall coordinate these activities with the Facility Level Director of Performance Improvement. In some facilities, the Facility Risk Manager and the Facility Director of PI may be a dual role.
5. **Grievance**: A “patient grievance” is a written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present) by a patient, or the patient's representative, regarding the patient's care, abuse or neglect, issues related to the hospital's compliance with the CMS.
6. **Patient**: A person with serious mental illness or intellectual disability served in residential/inpatient facilities operated by the Alabama Department of Mental Health. Includes any person receiving services from a state-operated facility, including those persons who are physically away from the facility but who are still on the census of the facility.
7. **Retaliatory Action**: Any action intended to inflict emotional or physical harm or inconvenience on an employee or recipient that is taken because he or she has reported and/or has witnessed the occurrence of abuse or neglect. This includes, but is not limited to, harassment, disciplinary measures, discrimination, reprimand, threat, or criticism.
8. **Incident**: An occurrence or event involving a patient that causes, or may cause, harm to patients, employees/agents, or visitors.
9. **DMH Incident Report Form**: The official Department of Mental Health's Incident Report Form (*see Appendix A*).
10. **Serious Injury**: Any harm sustained by a patient requiring medical treatment beyond first aid. This includes any injury rated a Level 3 or above on the NRI\*

SEVERITY of Injury Rating \*(*Reference NRI Manual*) and/or a Level 3 or above on the DMH Severity of Injury Scale (*See Appendix B*).

11. **Suspicious Injury**: Suspicious injuries include, but are not limited to, black eyes, extensive bruising around the neck and/or other body parts or patterned injuries. A suspicious injury would also include injuries where initial explanations of cause appear inconsistent with the injury sustained.
12. **Medication Error with Variance to the Patient’s Medication Regime**: A medication error occurs when a patient receives an incorrect drug, drug dose, dose form, quantity, route, concentration, time variance or rate of administration. To be defined as an error, some form of variance in the desired treatment or outcome must have resulted. Therefore, either the failure to administer a drug (“missed dose”) or the administration of a drug on a schedule other than intended constitute medication errors.

**SEVERITY OF MEDICATION ERRORS** with variance consistent with the NRI\* Severity of Medication error scale:

**-Level 1** includes incidents in which the patient experienced no or minimal adverse consequences and no treatment or intervention other than monitoring or observation was required.

**-Level 2** includes incidents in which the patient experienced short term, reversible adverse consequences and treatment(s) and/or intervention(s) in addition to monitoring and observation was/were required.

**-Level 3** includes incidents in which the patient experienced life-threatening and/or permanent adverse consequences.

13. **Expected Death**: A death which, based on the patient's medical history, was predictable and was consistent with the course of death from natural causes.
14. **Unexpected Death**: A death which, based on the patient's medical history, was not predictable. An unexpected death could be the result of the following:
  1. **Category A**: Unnatural or unknown causes
    - a. A suicide
    - b. A homicide
    - c. An accident
    - d. An unexplained/unknown cause
  2. **Category B**: Medically related conditions/circumstances

- a. A sudden illness which although not predictable results in an unambiguous clinical diagnosis
  - b. A sudden decline in functional status resulting from (or associated with) an adverse medical outcome such as an Adverse Drug reaction, unintended variance in a patient's medication regime (medication error) or other unintended adverse medical error/event.
15. **Investigation**: For the purposes of this Policy, a facility investigation is the systematic collection of information to describe and explain an event or series of events.

## INCIDENT DEFINITIONS AND CODES

<u>CODE</u>	<u>DEFINITIONS</u>
<b>00</b>	<p><b><u>PENDING</u></b></p> <p>This may be TEMPORARILY selected for Type Incident Substantiated ONLY during the course of additional review or during the course of an investigation. Upon conclusion of the investigation/review, the Type Incident Substantiated should be selected from the Type of Incident list on Section F of the ADMH Incident Report Form.</p>
<b>01</b>	<p><b><u>ABUSE, PHYSICAL</u></b></p> <p>Any assault by an employee upon a patient and includes but not limited to hitting, kicking, pinching, slapping, or otherwise striking a recipient or using excessive force regardless of whether an injury results. Assault as defined by this policy implies intent.</p>
<b>02</b>	<p><b><u>MISTREATMENT</u></b> (Also referred to as psychological abuse)</p> <p>Any act or threat of intimidation, harassment or similar act and includes but is not limited to active verbal aggression or intimidation; use of physical or non-verbal gestures as a means of intimidation; withholding of or the threat of withholding physical necessities or personal possessions as a means of intimidation for the control of the individual; making false statements as a means of confusing or frightening or badgering a patient.</p>
<b>03</b>	<p><b><u>ABUSE, SEXUAL</u></b></p> <p>Any sexual contact or conduct with the patient by an employee, on or off duty. Sexual abuse is deemed to have occurred regardless of consent by the patient.</p>
<b>04</b>	<p><b><u>ABUSE, VERBAL</u></b></p> <p>Verbal conduct by an employee that demeans a patient or could reasonably be expected to cause shame or ridicule, humiliation, embarrassment or emotional distress. Verbal abuse includes but is not limited to threatening a patient; using abusive, obscene or derogatory language to a patient; or teasing or taunting a patient in a manner to expose the patient to ridicule.</p>
<b>05</b>	<p><b><u>CONTRABAND, DRUGS</u></b></p> <p>Drugs, including alcoholic beverages, whose possession, purchase, sale and/or use on facility grounds or at treatment-related functions (whether on or off duty, if an employee is involved) is forbidden under ADMH Policy &amp; Procedures and applicable laws/regulations.</p> <p>Also includes medications in the patient’s possession not approved for personal possession.</p>

<p><b>06</b></p>	<p><b><u>CONTRABAND, WEAPON</u></b></p> <p>Firearms whose possession, sale and/or use on facility grounds or at facility-related functions (whether on or off duty, if employee) is forbidden in patient areas pursuant to ADMH Policy &amp; Procedures and applicable law/regulations. This also includes any object usually accepted as a weapon or an object altered in such a way as to be a potential weapon (as a sharpened toothbrush, for example).</p> <p>This definition does not apply to licensed community, state, or federal law enforcement officers or law-enforcement officers who are employees of ADMH.</p> <p>See Ala. Code Section 13A-11-61.2 (3), which prohibits the possession or carrying of a firearm “inside a facility which inpatient or custodial care of those with psychiatric, mental, or emotional disorders.”</p>
<p><b>07</b></p>	<p><b><u>CONTRABAND, OTHER</u></b></p> <p>Any other item or substance whose possession, purchase, sale and/or use on facility grounds or at facility functions (whether on or off duty, if employee) is forbidden under ADMH Policy &amp; Procedures and/or applicable laws/regulations. Also includes any item specifically prohibited by treatment plan.</p>
<p><b>08</b></p>	<p><b><u>DEATH</u></b></p> <p>Any death of a patient. Also, any death of an employee or other person that occurs on the facility grounds or while involved in an event connected with or sponsored by the facility.</p>
<p><b>09</b></p>	<p><b><u>ELOPEMENT, Hospital</u></b></p> <p>Patient has left the grounds without permission or has eloped from a planned off-grounds activity, such as a therapeutic outing.</p> <p>Related information Behavioral Healthcare Performance Measurement System, Data Definition: Elopement- Absent from a location defined by the patient's privilege status regardless of the patient’s leave or legal status. A patient should be considered to have eloped if the patient has not been accounted for when expected to be present.</p>
<p><b>10</b></p>	<p><b><u>ELOPEMENT,</u></b></p> <p>The patient is not in a permissible location based on privilege status or is not accounted for when expected to be present.</p> <p>Related information Behavioral Healthcare Performance Measurement System, Data Definition: Elopement- Absent from a location defined by the patient's privilege status regardless of the patient's leave or legal status. A patient should be considered to have eloped if the patient has not been accounted for when expected to be present.</p>

<p>11</p>	<p><b><u>ELOPEMENT, STATUS OUT</u></b>                  Failure of the patient to return from authorized leave, including Temp visit.</p> <p>Related information Behavioral Healthcare Performance Measurement System, Data Definition: Elopement- Absent from a location defined by the patient's privilege status regardless of the patient's leave or legal status. A patient should be considered to have eloped if the patient has not been accounted for when expected to be present.</p>
<p>12</p>	<p><b><u>EXPLOITATION</u></b>                  Utilizing the position of employment to take advantage of a patient for personal benefit and includes but is not limited to improperly requesting patients to perform employee's work responsibilities or otherwise perform services or tasks for the employee requesting, taking or receiving money, gifts, or other personal possessions from patients; utilizing patients to engage in conduct with other patients that would be prohibited if performed by an employee.</p>
<p>13</p>	<p><b><u>FALL</u></b>                  An unintentional change in position coming to rest on the ground, floor, or onto the next lower surface (e.g., onto a bed, chair or bedside mat). The fall may be witnessed, reported by a patient or an observer, or identified when the patient is found on the ground. Falls include any fall whether it occurred at home, out in the community, in an acute hospital, or in a nursing home. Falls are not a result of an overwhelming external force (e.g., a patient pushes another patient). An intercepted fall occurs when the patient would have fallen if he or she had not caught him or herself, or had not been intercepted by another person is still considered a fall.</p> <p><i>Reference: CMS 2010 - Long-term care minimum dataset (LTCMDS), Minimum Data Set (MDS) 3.0, section J: 1400 of the 3.0 Resident Assessment Instrument Manual (RAI)</i></p>
<p>14</p>	<p><b><u>FIGHT</u></b>                  A physical altercation in which at least two patients are participants, even if it is initiated by only one patient.</p>
<p>15</p>	<p><b><u>FIRE</u></b>                  Flame resulting from the combination (under the right conditions) of heat, fuel and oxygen. The unplanned, inappropriate or hazardous burning of a combustible substance on facility grounds or during a facility-related event on-or off-campus</p>
<p>16</p>	<p><b><u>ILLNESS/UNUSUAL/SEVERE</u></b>                  An uncommon illness (not an injury) that is of a severe nature that requires immediate medical attention such as meningitis, respiratory or cardiac arrest, etc.</p>

<p>17</p>	<p><b><u>INJURY, EXPLAINED</u></b></p> <p>This category is to be selected only if the other incident types that result in an injury in which the cause of the injury is known do not apply. For example, if a patient is seen hitting another patient and that patient is injured, that would be Physical Assault (P/P); not this item.</p> <p>This item denotes that the circumstances of an injury are known or witnessed, OR sufficient evidence exists to support a reasonable explanation of what caused the injury. Examples: someone witnessed an accidental injury as it happened; patient effectively described how injury occurred.</p> <p>Explained does not mean proven beyond a shadow of a doubt.</p>
<p>18</p>	<p><b><u>INJURY, UNEXPLAINED</u></b></p> <p>This item denotes that an injury occurred and there is insufficient information to clarify how it happened. This item will probably be used most often on "Type Incident Reported." After evaluation or investigation, many of these may then be "Explained" or may be found to be "abuse" or "neglect" or a "fall," etc.</p>
<p>19</p>	<p><b><u>MEDS MISSING</u></b></p> <p>Medication or a dose(s) of controlled medication is missing from the appropriate location and cannot be located.</p>
<p>20</p>	<p><b><u>MEDS, ADVERSE SIDE EFFECT</u></b></p> <p>A patient exhibited some form of an adverse effect or a side effect to a medication that was administered to him/her.</p>
<p>21</p>	<p><b><u>MEDS, GIVEN, NOT CHARTED</u></b></p> <p>A patient received prescribed medication however, medication was not documented as administered.</p>
<p>22</p>	<p><b><u>MEDS OMITTED</u></b></p> <p>A patient's prescribed medication was not administered to the patient.</p>
<p>23</p>	<p><b><u>MEDS, DUPLICATE/EXTRA DOSE</u></b></p> <p>A patient's prescribed medication was administered incorrectly in that an extra dose or duplicate dose was given.</p>
<p>24</p>	<p><b><u>MEDS, OVERDOSE</u></b></p> <p>A patient received a quantity of medication that amounts to an overdose of that medication.</p>
<p>25</p>	<p><b><u>MEDS, TIME VARIANCE</u></b></p> <p>The patient's medication was administered at a time that is outside the allowed "time window" during which the medication was ordered to be administered.</p>

26	<p><b><u>MEDS, WRONG ROUTE</u></b> A patient was administered medication by the wrong route.</p>
27	<p><b><u>MEDS, WRONG DOSE</u></b> A patient was administered medication in a dosage other than that ordered.</p>
28	<p><b><u>MEDS, WRONG MEDICATION</u></b> A patient was administered a medication other than the one prescribed for him/her.</p>
29	<p><b><u>MEDS, RX FILLED WRONG</u></b> A prescription was filled in a manner that did not comply with the doctor's orders as written.</p>
30	<p><b><u>MEDS, PRESCRIPTION NOT GIVEN TO PHARM</u></b> The prescription/physician order was not received by the Pharmacy but was written.</p>
31	<p><b><u>MEDS, OTHER</u></b> A medication error that is not covered by the other options/codes available.</p>
32	<p><b><u>MEDS, RECIPIENT ALLERGIC TO</u></b> A patient was administered a medication to which he/she is known to be allergic.</p>
33	<p><b><u>MEDS, WRONG RECIPIENT</u></b> Medication prescribed for one patient was erroneously administered to another patient.</p>
34	<p><b><u>NEGLECT</u></b> The failure to carry out a duty through reckless conduct, carelessness, inattention, or disregard of duty whereby the patient is exposed to harm or risk of harm, and includes but is not limited to: Failure to appropriately supervise patients or otherwise leaving patient areas unattended; Failure to ensure the patient's basic needs for safety, nutrition, medical care and personal attention are met; Failure to provide ongoing treatment in accordance with the patient's treatment plan and, to the extent possible, in the patient's preferred language. Utilization of treatment techniques, e.g., restraints, seclusions, etc., in violation of department policy and procedures, whether or not injury results.</p>
35	<p><b><u>INAPPROPRIATE SEXUAL BEHAVIOR</u></b> Includes e.g., grabbing another patient's buttocks, exposing genitals, masturbating in public/common area.</p>

36	<p><b><u>VIOLENT/AGGRESSIVE</u></b>                  Patient exhibits violent and/or aggressive behavior but does not assault an individual. This definition includes attempted physical assaults.</p>
37	<p><b><u>PROPERTY DAMAGE</u></b>                  An item such as furniture, equipment, building, etc. was damaged in some manner.</p>
38	<p><b><u>PROPERTY LOSS</u></b>                  The location of an item is unknown.</p>
39	<p><b><u>SEARCH</u></b>                  An examination of surroundings, contents, or person for contraband or other specified reason.</p>
40	<p><b><u>SEIZURE</u></b>                  A patient has an unexpected, uncharacteristic seizure or a patient has a seizure and sustained an injury directly due to the seizure, i.e., bit lip, hit head, etc.</p>
41	<p><b><u>SUICIDE ATTEMPT</u></b>                  An act committed by a patient in an attempt to cause their own death. A suicide attempt is limited to the actual occurrence of an act and does not include verbal suicidal threats by a patient receiving services.</p>
42	<p><b><u>P/C SWALLOWED INEDIBLE</u></b>                  A patient swallowed an inedible substance or object.</p>
43	<p><b><u>THEFT, P/C</u></b>                  Knowingly obtaining or exerting unauthorized control over the property of another.</p>
44	<p><b><u>THEFT, STAFF/OTHER</u></b>                  Theft by acts of non-patients.</p>
45	<p><b><u>TREATMENT ERROR, NON-MED</u></b>                  An error in a patient's treatment other than a medication error.</p>
46	<p><b><u>UNAUTHORIZED VISITOR</u></b>                  An individual who is prohibited from contact with a patient arrived at the facility to visit with the patient whether or not contact occurs.</p>
47	<p><b><u>Weather Emergency</u></b>                  Severe weather, such as winter storms, tropical storm systems, hail, tornado, severe thunderstorms, flash floods, are fairly common in most regions and require preparedness.</p>

48	<p><b><u>THREAT AGAINST SELF</u></b> A patient expresses intent to cause physical harm to self.</p>
49	<p><b><u>THREAT AGAINST OTHERS</u></b> A patient voices a threat or exhibits threatening behavior toward another person.</p>
50	<p><b><u>INCITEMENT</u></b> A situation in which an individual, commands, solicits, incites, or urges another person(s) to engage in tumultuous and violent conduct of a kind likely to cause or create a risk of terror or alarm. (Reference: Code of Alabama, Section 13A-11-4)</p>
51	<p><b><u>SECURITY VIOLATIONS</u></b> A violation of a security measure that is to be enforced throughout the facility and/or in certain areas as specified by facility policy.</p>
52	<p><b><u>HARASSMENT</u></b> A situation in which a non-patient engages in the following behavior with the intent to harass, annoy, or alarm another person: Strikes, shoves, kicks, or otherwise touches a person or subjects him or her to physical contact. Directs abusive or obscene language or makes an obscene gesture toward another person. For the purposes of this definition, harassment shall include a threat, verbal, or non-verbal, made with intent to carry out the threat that would cause a reasonable person who is the target of the threat to fear for his or her safety. (Reference Code: Alabama Code, Section 13A-11-8).</p>
53	<p><b><u>HAZARDOUS WASTES</u></b> Inappropriate disposal, storage, use or generation of any waste/materials deemed as hazardous by the Alabama Dept. of Public Health and/or Alabama Dept. of Environmental Management, such as infectious waste, radioactive waste, etc.</p>
54	<p><b><u>VERBAL ALTERCATION</u></b> Two or more patients engage in hostile verbalizations.</p>
55	<p><b><u>PSYCHIATRIC EPISODE</u></b> Display of disruptive behavior that is severe enough to disrupt the therapeutic milieu and/or results in administration of PRN medication, and that is not covered by other incident type.  This does not include administration of PRN medication based upon patient request for symptom reduction.</p>

56	<p><b><u>ESCAPE ATTEMPT</u></b>                  Patient actually attempts to leave the facility grounds, or other area, or escorting staff member without proper authorization, but does not actually do so. (Also, applicable to an elopement attempt.)</p>
57	<p><b><u>MEDICAL EMERGENCY</u></b>                  Cardiac arrest or other life-threatening injury/illness requiring emergency response by staff.</p>
58	<p><b><u>NATURAL DISASTER</u></b>                  A natural disaster, including a weather emergency, which results in implementation of emergency procedures in response to damage to the facilities, property, and or injuries.</p>
59	<p><b><u>INJURY DURING SECLUSION/RESTRAINT</u></b>                  An injury occurred to a patient or staff member during the process of seclusion, restraint, or implementing a manual hold (physical restraint) of a patient.</p>
60	<p><b><u>COMMUNICABLE DISEASE/ INFECTIONS</u></b>                  A patient or staff member is discovered to have a contagious infection that may result in permanent loss of function or life or the unusual presence of a disease that results in an unusual intervention such as quarantine.</p>
61	<p><b><u>DISORDERLY CONDUCT</u></b>                  A situation in which a non-patient, with intent to cause public inconvenience, annoyance or alarm, or recklessly creating a risk thereof, does any of the following:                   Engages in fighting, or in violent tumultuous or threatening behavior                  Makes unreasonable noise                  In a public place uses abusive or obscene language or makes an obscene gesture                  Without lawful authority, disturbs any lawful assembly or meeting of persons                  Obstructs vehicular or pedestrian traffic, or a transportation facility                  Congregates with other persons in a public place and refuses to comply with a lawful order of law enforcement to disburse.                  Reference: Alabama Code, Section 13A-11-1-(a)</p>
62	<p><b><u>INJURY TO VISITOR</u></b>                  An injury to a visitor occurred while on facility grounds, or other property owned by the agency.</p>
63	<p><b><u>DISRUPTION OF ROUTINE</u></b>                  Any unplanned event that causes an extreme disruption to the normal routine of a patient's daily activities that is not attributable to any other defined incident.</p>

64	<p><b><u>Family/Patient Complaint</u></b>          Complaints are patient issues that can be resolved promptly or within 24 hours and involve staff that is present (for example, nursing, administration, patient advocates) at the time of the complaint. Complaints typically involve minor issues, such as room housekeeping or food preferences that do not require investigation or peer-review processes. Most complaints will not require that the facility send a written response to the patient.          Source: The Joint Commission Journal on Quality and Recipient Safety November 2014          Volume 40 Number 11</p>
65	<p><b><u>UNAUTHORIZED SECLUSION/RESTRAINT</u></b>          Any seclusion or restraint initiated by a person who is not authorized to do so by policy.</p>
66	<p><b><u>RECIPIENT SELF-ABUSIVE</u></b>          A patient exhibits behavior that may or may not result in injury to himself or herself.</p>
67	<p><b><u>THEFT - STAFF</u></b>          A staff member took possession of something without the owner's permission.</p>
68	<p><b><u>THEFT - OTHER</u></b>          A person other than a staff or a patient took possession of something without the owner's permission.</p>
69	<p><b><u>THEFT – UNKNOWN</u></b>          An unknown person or persons took possession of something without the owner’s permission.</p>
70	<p><b><u>CHOKING</u></b>          A patient chokes on food, liquid, object, or other material and required medical assistance/intervention.</p>
71	<p><b><u>MEDICAL CONDITION</u></b>          An illness or condition that requires other than routine medical intervention or response but is not believed to be emergent or due to another basic cause such as a medication adverse reaction.</p>
72	<p><b><u>SEXUAL CONTACT</u></b>          Any non-consensual sexual contact between two patients or a patient and a person who is not a staff member to include any touching of the sexual or intimate parts of a person, to include intercourse. Sexual contact is considered non-consensual when at least one of the parties so indicates, when one or both patients are considered incapable of giving consent, or when either party is under the age of 16 years.          Reference: Code of Alabama</p>

<p>73</p>	<p><b><u>PHYSICAL ASSAULT</u></b> (Patient to Patient and/or Patient to Staff/Other Person)                  Any assault by a patient upon another individual that is not of an accidental nature. This includes, and is not limited to a patient hitting, kicking, slapping, shoving, pushing, spitting, biting, scratching, striking, and/or throwing objects or substances on the individual regardless of whether an injury results.</p>
<p>74</p>	<p><b><u>SEXUAL CONTACT</u></b>                  Any consensual sexual contact that includes touching of the sexual or intimate parts of a person, done for the purpose of gratifying the sexual desires of either party; to include consensual intercourse that occurs between two patients.                  Reference: Code of Alabama.</p>
<p>75</p>	<p><b><u>STAFF MISCONDUCT</u></b>                  Violation of ADMH Policy 70-5, not to include attendance/tardiness or related issues, or otherwise indicated by a more specific event such as abuse or neglect.</p>
<p>97</p>	<p><b><u>NOT SUBSTANTIATED BY INVESTIGATION</u></b>                  This item is <u>only</u> to be selected if the investigation could not substantiate that any incident took place. <u>Do not</u> select this item simply to denote that the investigation determined the incident to be something other than what it was reported to be.                   Incident Type Reported and Incident Type Substantiated do not have to be the same in fact they are frequently different. For example, if the patient alleges verbal abuse, this is the incident type reported. If verbal abuse, NOT physical, is substantiated subsequent to the clinical investigation, verbal abuse would be entered as the type of incident substantiated.</p>
<p>98</p>	<p><b><u>OTHER</u></b>                  If the event that was reported and/or investigated cannot be categorized as any of the other types on the DMH Incident Report Form. <b>This category should be rarely used.</b>                  Additional specification related to the nature of the "OTHER" should be entered in the space provided.</p>

**APPENDIXES**

Appendix A	DMH Incident Report Form
Appendix B	NRI Level of Injury
Appendix C	Sexual Contact Protocols (replaced Policy 19-20)
Appendix D	Incident Notification Form
Appendix E	DHR Standard Report Form
Appendix F	Standard Investigative Report Format
Appendix G	Contents of Investigative File
Appendix H	Elovements/Walk-Offs from State Operated Facilities

*Appendix A*

*DMH Incident Report Form*

**Appendix B:**

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*NRI INJURY SEVERITY SCALE*

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The following classifications of severity of injuries were taken from the NASMHPD Research Institute's (NRI) Performance Measurement System.

<u>Severity Level:</u>	<u>Description:</u>
1	<b><u>No Treatment:</u></b> The injury received does not require first aid, medical intervention, or hospitalization: the injury received (e.g., a bruised leg) may be examined by a licensed nurse or other nursing staff working within the facility but no treatment is applied to the injury.
2	<b><u>Minor First Aid:</u></b> The injury received is of minor severity and requires the administration of minor first aid. This is meant to include treatments such as the application of Band-Aids, cleaning of abrasions, application of ice packs for minor bruises, and the use of over-the-counter medications such as antibiotic creams, aspirin and acetaminophen.
3	<b><u>Medical intervention required:</u></b> the injury received is severe enough to require the treatment of the patient by a licensed medical doctor, osteopath, podiatrist, dentist, physician's assistant, or nurse practitioner, but the treatment required is not serious enough to warrant or require hospitalization; further, the treatment received may be provided within the facility or provided outside the facility where it may range from treatment at a doctor's private office through treatment at the emergency room of a general acute care hospital.
4	<b><u>Hospitalization required:</u></b> the injury received is so severe that it required medical intervention and treatment as well as care of the injured patient at a general acute care medical ward within the facility or at a general acute care hospital outside the facility; regardless of the length of stay, this severity level requires that the injured patient be formally admitted as an inpatient to the hospital and assigned to a bed on a unit outside of the emergency room.
5	<b><u>Death occurred:</u></b> the injury received was so severe that it resulted in or complications from the injury lead to - the termination of the life of the injured patient.

\*\* An injury such as a fracture, concussion or wound requiring multiple layer closures (sutures) shall be coded a Level 3 injury unless hospitalization is required thus making the injury a Level

4.

***Appendix C***  
***SEXUAL CONTACT ASSESSMENT PROCEDURE FOR CONSENT DETERMINATION***

***(Page 1 OF 2)***

**For all incidents wherein, there is reason to believe that any sexual contact, as defined elsewhere in this plan, the following shall occur:**

All persons involved in subsequent procedures shall be mindful of the patient's need for preservation of privacy and dignity.

**Any staff member with reason to believe any form of sexual contact has occurred shall:**

- Attempt to calm recipient as needed
- **Evidence Protection:** Instruct patient not to bathe, brush teeth, urinate, defecate or remove clothing.
- Report allegation/suspicion to the Nursing Supervisor and follow instructions.

**Nursing Supervisor/designee shall:**

- Go to scene and conduct brief, initial assessment to determine the facts and whether an injury has occurred.
- **Evidence Protection:** Do not allow brushing of teeth, rinsing of mouth or drinking, bathing, urinating, defecating or removal of clothing until the physical examination is complete or deemed unnecessary by authorized professional
- Contact Psychiatrist /Psychologist to assess recipient(s)
- If contact deemed Non-consensual or if injury present notify Medical Physician for assessment
- Document findings, notifications and actions per facility procedures.

## Consent Determination

### Consensual

Both patients are 16 years of age

No complaints of forcible compulsion

Determined by the psychiatrist or psychologist that both have capacity to give

Contact involved patients only

- \* Notify the Treatment Team for needed, treatment, education, and/or counseling.
- \* Psychiatrist, psychologist notifies the facility director/designee if findings and actions taken.
- \* Document findings, notifications, and actions per facility procedures.

### Non-Consensual

Either client is less than 16 years of age

Complaint of forcible compulsion or against

Determined by the psychiatrist or psychologist to NOT have capacity to give consent

Contact involved someone other than staff

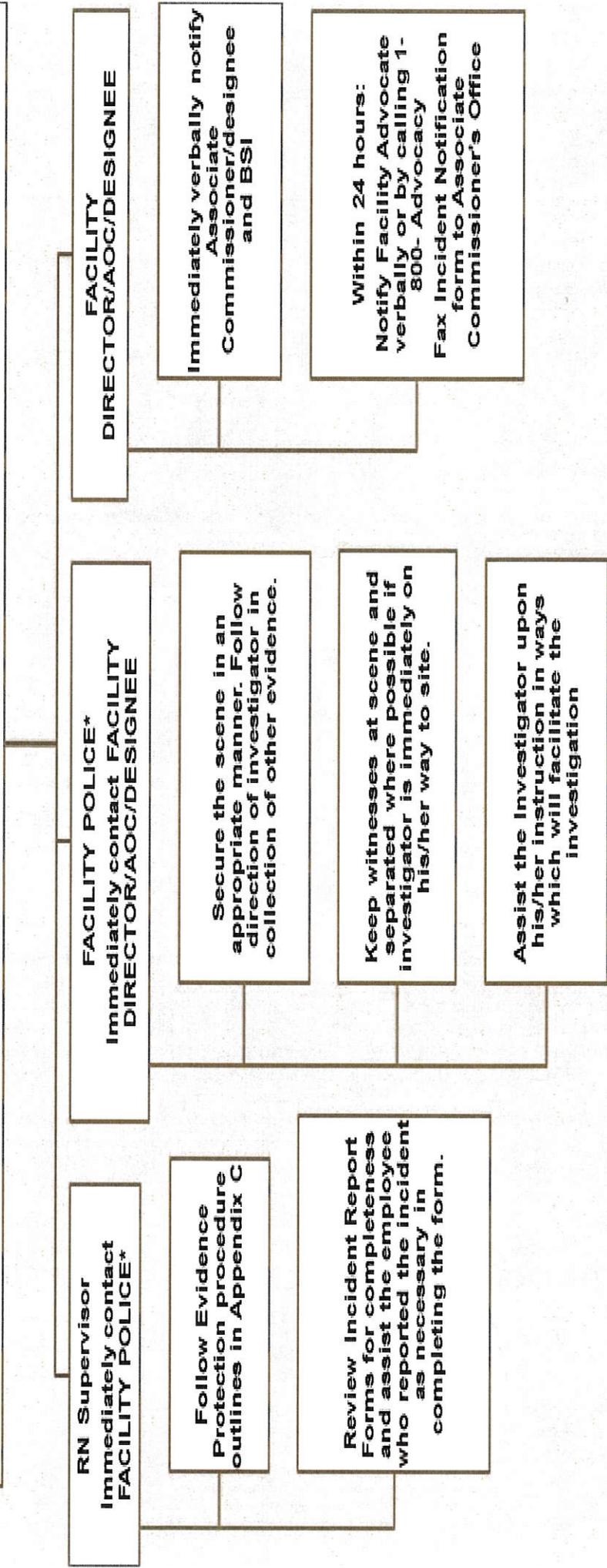
Follow Incident Management Plan protocol for reporting of Class 3 incidents as outlined on Appendix C, page 2.

Appendix C:

**SEXUAL CONTACT INCIDENT REPORTING PROCEDURE**

Page 2 of 2

**REPORTING OF CLASS 3 INCIDENTS**  
**(Allegations of suspected non-consensual sexual contact between patients, allegations or suspicion of sexual abuse, allegations of sexual contact of a patient by someone other than another patient).**  
All incidents wherein there is reason to believe that sexual assault or abuse, as defined in this plan, as a Class 3 incident the following protocol will be followed.  
Any staff member with reason to believe any form of sexual contact has occurred shall:  
**IMMEDIATELY CONTACT THE RN SUPERVISOR**



\* In the absence of a Police Department, the RN Supervisor performs the duties as outlined in this section.

**Appendix D  
DMH/MR  
Associate Commissioner Incident Notification Form**

FACILITY \_\_\_\_\_

Date & Time of Incident \_\_\_\_\_

Location \_\_\_\_\_

Name                      Unit                      Role

Patients Involved \_\_\_\_\_

\_\_\_\_\_

Notifications: DHR \_\_\_\_\_ MD \_\_\_\_\_ Family \_\_\_\_\_ Advocate \_\_\_\_\_

Others \_\_\_\_\_

Investigation by: Facility Police \_\_\_\_\_ BSI \_\_\_\_\_ Others \_\_\_\_\_

Brief Description of the Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immediate Actions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any involvement from: Press/Media \_\_\_\_\_ Any other agency \_\_\_\_\_  
Outside law enforcement \_\_\_\_\_

Email to Division Associate Commissioner within 24 hours  
Revised 7-15-03; Reprinted 7-23-04 Updated 6/14/18

*Appendix E:*

Department of Human Resources Reporting Protocols

Form: DHR-ASD- 798 Form: DHR-DFC-1593

[www.dhr.alabama.gov](http://www.dhr.alabama.gov)

## **Appendix F:**

### **Standard Investigative Report Format**

#### **Required Sections:**

- 1. Description of the manner in which the investigator became involved in the case, including a brief description of the initial report**
  - Includes a clear statement of why an investigation was conducted
  - Includes the date and time of the investigator's first knowledge of the investigation request.
  
- 2. Description of the investigative procedure**
  - Identify exactly what investigatory activities were conducted and when they were conducted by the investigator (i.e. when and how the scene was secured-if applicable)
  - Identify the names, date, and time of each person interviewed.
  - An explanation as to why any witness was not interviewed- if applicable.
  - An explanation of the reason for a delay in an interview being conducted - if applicable.
  - If a suspect in an investigation was interviewed, the report should identify everyone who was in the room during the interview.
  
- 3. Summary of the Evidence**
  - Summarize direct evidence collected
  - Summarize any circumstantial evidence gathered
  
- 4. Conclusions about what occurred**
  - Investigator's statement regarding what he/she believes actually happened/occurred regarding the incident and/or statement that it is not possible to draw a credible conclusion about what occurred

## **Appendix G:**

### **Contents of investigative file**

Each investigative file shall include the following investigation documentation elements:

1. Investigation Disposition Form
2. Investigation Report
3. Incident Review Panel/Committee Form
4. Investigation Information Forms
5. Notice to Advocate, Notice to Recipient(s) and/or guardian, Notice to Accused Employee(s), Notice to Director of MI Facilities, Notice to Associate Commissioner, as applicable
6. Notice to Advocate of Findings, Notice to Patient(s) and/or guardian of Findings, Notice to Employee of Findings, Notice to Director of MI Facilities, Notice to Associate Commissioner of Findings, as applicable
7. Incident/Offense Report
8. Investigation Summary
9. Witness List
10. Interviews
11. Statements
12. Affidavits
13. Exhibits/Miscellaneous
14. The file shall also contain attachments inclusive of all written responses to Facility Director and instructions with documentation of the following corrective actions:
  - Disciplinary actions
  - Appeals outcomes
  - Education content and attendance records
  - Written response from specified parties regarding completion of communication including verbal counseling and policy revision.
15. Statement of Staff Background

## *Appendix H:*

### ALABAMA DEPARTMENT OF MENTAL HEALTH ELOPEMENT

#### PROCEDURES:

1. Notification of Local Police is at the discretion of the Facility Director and Associate Commissioner
2. No Press release will be made by DMH; Office of Public Information will respond to inquiries only
3. Actions by the Facility are to occur as quickly as possible
4. Once the decision is made to contact the Police, the following guidelines are to be followed:

ADMH – Incident Management Plan

	Information Disclosed to Police (X=can be disclosed) )D=discretionary)	ADMISSION TYPE						ACTIONS BY FACILITY		
		NGRI		CIVIL/PROBATE		VOLUNTARY		WHAT	WHO	
		MI	TV	MI	TV	MI	TV			
1	Description: Weight, height, hair/skin; DOB/age; clothing worn when last seen	X	X	X	X	X	X	(As soon as an individual is discovered missing): Notify Facility/Campus Police with as much detail as possible	Any employee	
2	Direction/mode of travel	X	X	X	X	X	X	Notifies Facility Director with all available information and begins search immediately	Facility Police; and all available staff	
3	Time & place of Walk-off/last seen	X	X	X	X	X	X	Directs actions to be taken	Facility Director	
4	Last Address (self or family)	X	X	X	X	X	X	Notifies Associate Commissioner for further instructions [AC notifies Commissioner and OPI]	Facility Director	
5	Photograph	X	X	D	D	D	D	Communicates further instructions to Facility Police	Facility Director	
6	Reason for Commitment: Criminal or Civil; Court of jurisdiction; Violent or not; produce copy of Commitment Order [maintained on file in the facility's Police Office]	X	X	X	X	N/A	N/A	Notifies Local Police, as applicable, giving info as noted on the left	Facility Police	
7	Entered into NCIC? [may be yes or no] (discretionary as to whether entered)	X	X	X	X	X	X	Notifies BSI (within 1 hr., if NGR1)	Facility Director or Facility Police	
8	Clinical Decisions: Danger to Community? response: "Commitment criteria requires a finding of danger to self/others"	X	X	X	X	D	D	Notifies individual's family/guardian [and the DMH Advocate within 24 hours]	Facility Director or designee	
9	Past violence to Others?	SEE COMMITMENT ORDER IN # 6 ABOVE						As applicable, contacts the Court of jurisdiction to issue a pick-up order	Facility Police	

Revised 7-15-03; Reprinted 7-23-04. Reviewed 07-11-16; Revised 8-24-16

|| Appendix

Information Disclosed to Police (X=can be disclosed) (D=discretionary)	TYPE ADMISSION						ACTIONS BY FACILITY			
	NGRI		CIVIL/PROBATE		VOLUNTARY		WHAT	WHO		
	MI	TV	MI	TV	MI	TV				
10 Danger to Self (e.g. suicidal)	x		x					(As soon as an individual is discovered missing): Contacts TMSF to have name/description entered into NCIC database; immediately, if deemed critical; otherwise, as directed by the Facility Director	10	Facility Police
11 Court of jurisdiction (police) notified? may be yes or no	x		x							

### Appendix H

Notes: Entering info into NCIC:

1. Persons who may be entered:
  - a. Any person in our jurisdiction (not discharged- may be in-house or on temporary visit); and/or
  - b. All non-returned (missing persons).
2. If a Civil commitment order expires during the period the person is on unauthorized leave/elopement status, remove the person from NCIC as a commitment; if still missing, re-enter into NCIC as a "missing" person.
3. Voluntary admission: enter into NCIC as a missing person. Goal is to find the person primarily for their own protection and to assist them.
4. MI= Mental Facility
5. TV= Temp Visit

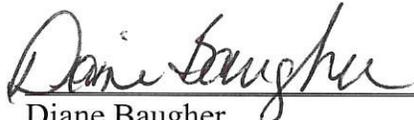
**APPROVAL**

*Approval of the Mental Health Substance Abuse Services (MHSA DIVISION) Incident Management Plan shall be attested to by the signature of the officers of the Governing Body.*

APPROVED:

  
\_\_\_\_\_  
Lynn Beshear  
Chairperson, MI Governing Body

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Diane Baugher  
Vice-Chairperson, MI Governing Body

  
\_\_\_\_\_  
Date